



Fox Valley Special Recreation Association

2121 Indian Trail Aurora, IL 60506

Phone 630-907-1114

www.fvsra.org

Fax 630-907-1116

VOLUNTEER APPLICATION FORM

Volunteerism with the Fox Valley Special Recreation Association is governed on the basis of merit, competence and qualifications and will not be influenced in any manner by race, age, color, sex, religion, veteran status, national origin, marital status, mental or physical disability or any other legally protected status.

Date of Application: _____/_____/_____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Social Security #: _____

Name of Volunteer Group _____

Have you submitted an application here before? ___ Yes ___ No

Have you ever volunteered with us before? ___ Yes ___ No
If Yes, give date/event _____

Have you ever been convicted of any felony? _____ YES _____ NO.

Fox Valley Special Recreation Association (FVSRA) is required by state statute (70 ILCS 1205/8-23) to obtain criminal conviction information concerning applicants, and shall perform a criminal background check for applicants for all positions, including the position for which you have applied. Conviction of offenses enumerated in subsection (c) of said statute shall automatically disqualify the applicant from consideration for working for the district. All other convictions shall not automatically disqualify the applicant from consideration, but rather, the conviction will be considered in relationship to the specific job.

If yes, describe:

PERSONAL REFERENCES

PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF TWO PERSONAL REFERENCES NOT RELATED TO YOU, THAT WE MAY CONTACT.

1. NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE # _____ EVE PHONE # _____

2. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DAY PHONE # _____ EVE PHONE # _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Fox Valley Special Recreation Association (FVSRA) is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I additionally understand and acknowledge that acceptance of an offer of employment does not create a contractual obligation upon FVSRA to continue to employ me in the future; the length of my employment is not guaranteed. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by the Executive Director.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will be grounds for dismissal. I understand, also, that I am required to abide by all rules and regulations of FVSRA. I understand that if I am hired, I will be required to provide proof of identity and information for compliance with the Immigration Reform and Control Act.

Applicant's Signature _____

Date: _____